

## COMMON COMPOUNDS PRESCRIPTION PAD

<b>Patient</b> Name: DOB: Healthcare Number: Phone:	<b>Prescriber</b> Name: License Number: Phone: Address:
<b>Pain Compounds</b>	
<input type="checkbox"/> Diclofenac 10% Cream TID	<input type="checkbox"/> Naltrexone 4.5mg Capsules qd hs
<input type="checkbox"/> Amitriptyline 5% / Cyclobenzaprine 5% / Diclofenac 10% Cream	<input type="checkbox"/> Cyclobenzaprine 5% / Ketoprofen 10% / Pentoxifylline 2% Cream
<input type="checkbox"/> Amitriptyline 5% / Baclofen 2% / Gabapentin 5% / Ketoprofen 10% Cream TID	<input type="checkbox"/> Bupivacaine 2% / Ketamine 10% / Ketoprofen 10% (Narcotic) TID for Neuropathic Pain
<b>Dermatology</b>	
<input type="checkbox"/> Hydroquinone 4% in W06 hs	<input type="checkbox"/> Salicylic Acid 17% / Fluorouracil 2% Wart Cream qod
<input type="checkbox"/> Fluocinolone 0.01% / Hydroquinone 4% / Retinoic Acid 0.05% in W06 qd hs	<input type="checkbox"/> APNO: Miconazole 2% in 1:1 Betaderm 0.1% Ointment & Mupirocin 2% Ointment: apply sparingly after feeds
<input type="checkbox"/> Tofacitinib 2% Cream (Vitiligo)	<input type="checkbox"/> Glycopyrrolate 2% Cream <input type="checkbox"/> 1mg <input type="checkbox"/> 2mg Capsules
<input type="checkbox"/> Minoxidil 5% / Finasteride 0.1% / Retinoic 0.05% hs	<input type="checkbox"/> Benzocaine 20% / Lidocaine 8% / Tetracaine 8% Cream
<b>Erectile Dysfunction</b>	
Tadalafil Chewable Tablets <input type="checkbox"/> 2.5mg <input type="checkbox"/> 5mg <input type="checkbox"/> 10mg <input type="checkbox"/> 20mg	Sildenafil Chewable Tablets <input type="checkbox"/> 25mg <input type="checkbox"/> 50mg <input type="checkbox"/> 100mg
<input type="checkbox"/> Tri-Mix (Papaverine/Phentolamine/Prostaglandin) ud	<input type="checkbox"/> Tri-Mix Forte (Papaverine/Phentolamine/Prostaglandin) Inject ud
<input type="checkbox"/> Testosterone 100mg/mL Cream	<input type="checkbox"/> Arginine 200mg/Carnitine 100mg/Citrulline 200mg Capsules TID
<b>Women's Health</b>	
DHEA Capsules <input type="checkbox"/> 2.5mg <input type="checkbox"/> 5mg <input type="checkbox"/> 10mg <input type="checkbox"/> 25mg	Progesterone SR Capsules <input type="checkbox"/> 25mg <input type="checkbox"/> 50mg <input type="checkbox"/> 100mg <input type="checkbox"/> 150mg
Clomiphene Capsules <input type="checkbox"/> 25mg <input type="checkbox"/> 50mg	Progesterone Vaginal Supp <input type="checkbox"/> 50mg <input type="checkbox"/> 100mg <input type="checkbox"/> 200mg
<input type="checkbox"/> Estriol 1mg Vaginal Cream qod	<input type="checkbox"/> Gabapentin 6% Vaginal Gel
<b>Rectal</b>	
<input type="checkbox"/> Nifedipine 0.3% / Lidocaine 1.5% Rectal Ointment TID	<input type="checkbox"/> Diltiazem 2% / Lidocaine 2% Rectal Ointment TID
Sig: _____ Qty: _____ Refills: _____	
Signature: _____	Date: _____
Additional Notes:	